



**Scott Walker, Governor**  
**Dave Ross, Secretary**

## Boxing OR Mixed Martial Arts Timekeeper License

### **Your application will not be processed or will be delayed unless you:**

- [ ] 1. Complete the application information section on the first page. You must complete all sections including your social security #.
- [ ] 2. Complete the certification of legal status section on this application.
- [ ] 3. Read and sign the affidavit of applicant.
- [ ] 4. Attach the \$10 credential fee, Make checks payable to: State of WI – DPS, to this application and mail to the address listed on the first page.

Note: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training, personal interviews and observation of training.

### **1. Applicant Information (Print in ink or type)**

|   |  |                            |  |  |                                       |
|---|--|----------------------------|--|--|---------------------------------------|
| <b>Boxing or Mixed Martial Arts Timekeeper (272)</b>  |  |                            |  |  |                                       |
| Applicant's Social Security #:  |  | Applicant's Date of Birth: |  | Applicant's Name (First, Middle and Last): |                                       |
| Street Address or PO Box:   |  |                            |  |  |                                       |
| City  |  | State                      |  | Zip Code                                   | Country, If Other Than United States: |
| Telephone Number (Including area code)  |  |                            |  | Fax Number (Including area code):          |                                       |
| E-mail Address:   |  |                            |  |  |                                       |
| <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. State § 440.14). |  |                            |  |  |                                       |
| Have you ever held a timekeeper license in the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                            |  |  |                                       |
| If yes, please provide the number: _____  |  |                            |  |  |                                       |

The department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program and to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes.

**Send application and payment to:** Wisconsin Department of Safety and Professional Services, Attention Adam L Burkhalter, P.O. Box 8935 Madison, WI 53708-8935.

**Overnight mail delivery and Office location:** Wisconsin Department of Safety and Professional Services, Attention Adam L Burkhalter, 1400 East Washington Ave, Madison, WI 53703

**All other correspondence:**

Phone: 608-261-8503, **TTY: Contact through Relay**, Fax: 608-223-6532,  
online: <http://dps.wi.gov> or by email: [dpscombativesports@wisconsin.gov](mailto:dpscombativesports@wisconsin.gov)

**For Receipting Use Only**

## **2. Certification of Legal Status:**

I declare under penalty of law that I am (Check one):

- ☐ a citizen or national of the United States, or
- ☐ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## **3. Affidavit of Applicant**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mo/day/yr)

## **4. Credential Fee (nonrefundable): \$10.00**

Make checks payable to: State of WI - DSPS. The credential will be effective for 1 year from the date of issuance. A new application must be submitted to renew the license.